

Call The Midwife!

Working with Midwives to Promote Best Practices
in Perinatal Hep B



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- 18 years in Women's Health
 - 9 as an RN and 9 as a CNM
- Director of midwifery service at Peterson Women's Associates in Kerrville
- Master's & doctoral faculty at Frontier Nursing University
- Immediate past president of the Consortium of Texas Certified Nurse Midwives
- Mom to three incredible kids who are 15, 13 & 12

Objectives

1. Participants will be able to describe the types of midwives practicing in Texas and their respective education and training.
2. Participants will be able to demonstrate knowledge of the role of licensed midwives and nurse-midwives in Texas
3. Participants will understand barriers and potential strategies to overcome barriers to the Perinatal Hepatitis B Prevention Program in the midwifery patient population.

Introduction to Midwives

What's in a Name?

- Midwife comes from the middle English words
 - “Mid” meaning with
 - “Wyfe” meaning woman
- Midwife literally means “With Woman”
- “With Women, For a Lifetime”
- My goal is to be “with women” wherever they are, and for whatever they need



Kinds of Texas Midwives

Certified Nurse Midwives

- Advanced Practice Registered Nurse
- Graduate degree in midwifery (master's or doctoral level)
- All settings- hospital, homes, birth centers and offices. Most births are in hospitals
- Women's healthcare from adolescence beyond menopause; newborn care through 4 weeks, STI treatment for male partners
- Possible additional certifications: sonography, first-assist, WHNP, etc

Licensed Midwives

- Licensed by Texas to provide care during pregnancy, birth, and postpartum period; newborn care through 8 weeks
- Approved midwifery education course including at least 2 years in apprenticeship
- Nearly all Texas LMs also have national CPM designation
- Births are attended out of hospital in birth centers or homes

Where do CNMs work?

- 96% of Texas CNM attended births are in hospitals
- CNMs work in hospitals of all sizes and levels of care
- CNMs are economical and deliver excellent care, so they are hired into many different kinds of practices from boutique specialty practices to low-income clinics
- Some attend birth center & home birth



Get to Know Your APRN: The Four Roles of Advanced Practice Nursing

Nurse Practitioner

15,482

NPs are licensed to practice in Texas.

NP



Diagnose illness, treat illness, prescribe meds, order and interpret tests.

Bring a comprehensive approach to health care, can be found in many medical settings



80%

80% were prepared in primary care, while only 14.6% of physicians entered primary care residency in 2012.

Clinical Nurse Specialist



Improve quality, safety, and cost outcomes for patient populations; diagnose and treat illness, promote health, and some prescribe medications.

1,348

CNSs are licensed to practice in Texas.

CNS

Provide specialized nursing clinical expertise to patients, nurses, and organizations.



Certified Registered Nurse Anesthetist

Most cost-effective model when they are the sole anesthesia provider, with an exceptional safety record.



CRNA

4,000+

More than 4,000 CRNAs practice in Texas.



Trained to deliver anesthesia care, regardless of whether an anesthesiologist is involved.

Practice in every setting where anesthesia is provided.

Certified Nurse Midwife

12,000 BIRTHS

CNMs attended over 12,000 births in Texas in 2013, 96% of which were in hospitals.

CNM



Provide primary care to women, including health promotion, gynecologic and family planning services, care during pregnancy, childbirth, postpartum period, and newborn care.

Where do LMs work?



- Homebirth
- Birth Center

Midwifery Care



With Women, For A Lifetime

- Annual GYN exams
- Primary care
- STI testing and treatment
- GYN problems
- Pregnancy, Labor & Birth
- Menopause care



We believe every person has the right to:

- Equitable, ethical, and accessible care that promotes healing and health
- Healthcare that respects human dignity, individuality & diversity
- Complete and accurate information
- Self-determination and active participation in healthcare decisions

(www.acnm.org/our-philosophy-of-care)

We believe in:

- Watchful waiting and non-intervention in the normal process
- Appropriate use of interventions and technology
- Being flexible.
- Everyone should have all of the interventions they want & need, and none of the ones they don't
- Giving women the information they need to make good choices

(www.acnm.org/our-philosophy-of-care)



The Evidence Speaks For Itself

- A Cochrane review found that women randomized to receive midwifery care were significantly:
 - More likely to deliver vaginally
 - More likely to initiate breastfeeding
 - More likely to feel in-control and satisfied with their births
 - Less likely to experience stillbirth before 24 weeks
 - Less likely to have an episiotomy or instrumental birth
 - Less expensive to the healthcare system

(Sandall, 2010)

Women Who Seek Midwifery Care

- Desire supportive and empowering birth experience
- Desire minimal intervention in labor and birth
- Marginalized populations with limited access to care
- Out-of-hospital birth is lower-cost with fewer hidden expenses





(Sackett & Haynes, 2002)

Evidence Based Practice Model for Clinical Decision Making

Barriers to Perinatal Hep B Prevention Program

There may be between 500 and 1,000
unreported cases of infants born to
Hep B+ mothers in Texas each year

2013 data from <https://www.dshs.texas.gov/immunize/perinatal-hepatitis-B/>

Barriers for Patients: Cost

McKEESPORT HOSPITAL

ACCOUNTS PAYABLE WEEKLY IN ADVANCE

CHECK ☒ *Cash* McKeesport, Pa., 2-4 1943

Rec'd of Eleanor Davis

Twenty nine & 60 ¹⁰⁰ DOLLARS

For Same

ROOM WARD 101 REG. NO. 42-5238

- Estimated Average Cost in Texas
 - New OB labs
 - Vary widely, ~\$800
 - 3rd trimester labs
 - Vary widely, ~\$400
 - Prenatal care
 - \$3,5000
 - Birth
 - \$7,000-\$10,000

Barriers for Patients: Distrust in Medical System



- Many reasons, some birth related
 - High maternal mortality rate in US
 - High rate of dangerous, unnecessary interventions
 - High infant mortality rate
 - Disparities in care, far worse outcomes for women of color

Barriers for Patients: Concerns About Vaccine Safety



- Springs from lack of trust in healthcare
- Strong anti-vaccination movement with passionate believers
- Fits the narrative of the dangers of medical intervention

Barriers for Midwives

- Philosophy of non-intervention in normal birth
- Lack of awareness of problem
- Perception of our patients as low-risk
- Accommodation of patient desires & respect for patient autonomy

Overcoming Barriers

Overcoming Patient Barriers

- Cost
 - Make the case for value
- Distrust of Healthcare
 - Midwives seen as “outside” the system
 - Women more likely to believe us
- Vaccine Skeptical
 - #1 way to increase vaccination rate is a strong recommendation from a trusted provider



“Being an activist in my community, I’m trusted. I get to work with these people who are often afraid to get care in another setting.”

Sheila Simms Watson, CPM, LM, MPH

Overcoming Barriers for Midwives

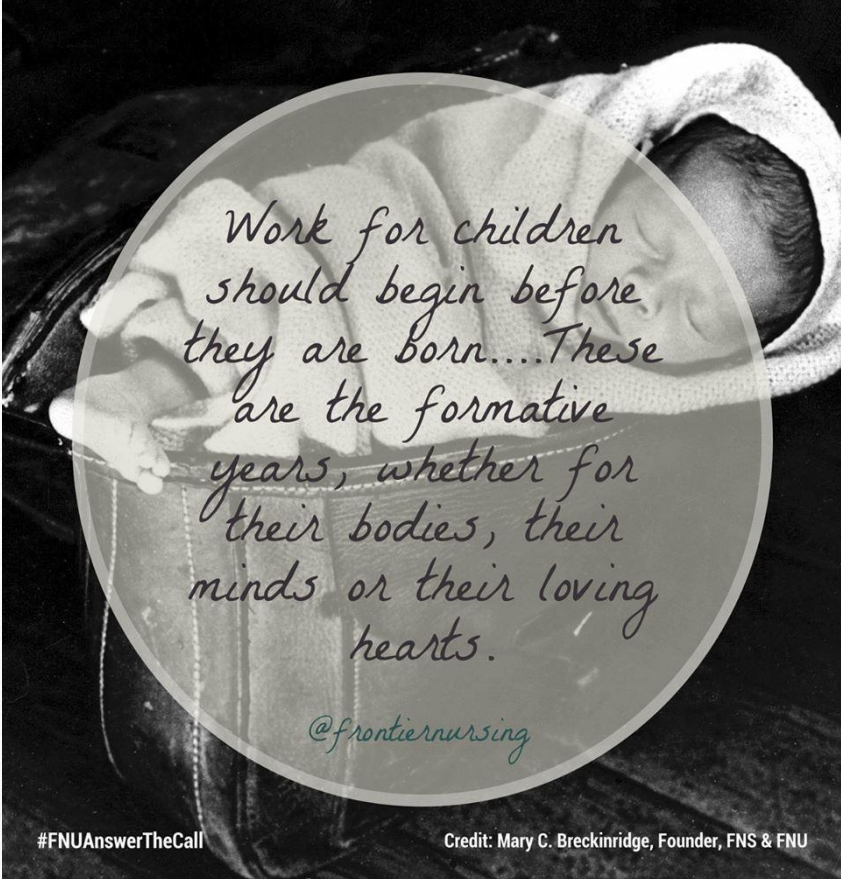


Frontier Nursing Service nurse-midwife visits an Eastern KY family in the 1930's. <http://www.kentucky.com/news/business/article44513907.html>

- Engage & Educate Midwives
 - Hallmarks of midwifery care:
 - Disease Prevention
 - Health Promotion
 - Modern Midwifery has its roots in public health
 - Midwives are on the forefront of QI & EBP implementation
 - Show them that this is a quality of care/pt safety issue
 - Let them know how powerful they are to effect change

Questions?

What potential do you see to engage midwives in Perinatal Hep B Prevention?



*Work for children
should begin before
they are born....These
are the formative
years, whether for
their bodies, their
minds or their loving
hearts.*

@frontiernursing

#FNUAnswerTheCall

Credit: Mary C. Breckinridge, Founder, FNS & FNU

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